	TRANSMIT	TAL SLIP	DATE	
	TO:	TO: Acting Chief, DPD		
	ROOM NO.	BUILDING		
	REMARKS:			
25X1A9a	Pls work	Would appreciate prompt follow-up. Pls work with where added assistance is required from other sections, e.g., Commo.		
			SWB	
25X1A9a	John -	4XI. A Jornsordes 12 June	Etove request eto admin 6! gr.	
	FROM:	DOILDING	EXTENSION	
	FORM NO .241	REPLACES FORM 36-8 WHICH MAY BE USED.	GPO : 1957—O-439445 (47)	